



## Home and Community Based Services (HCBS) Waiver and Nursing Facility Level of Care Review Process

Iowa Medicaid Enterprise

Medical Services Unit

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## Objectives

At the end of this session you will be able to:

- Explain the purpose of an HCBS waiver program
- Understand Nursing Facility (NF)/Intermediate Care Facility (ICF), and Skilled Nursing Facility (SNF) level of care (LOC) eligibility requirements
- Identify what skills are considered for determining NF/ICF LOC
- Identify what information is necessary and required to be submitted for a waiver LOC review determination

## Objectives continued...

- Understand Iowa Medicaid Enterprise Medical Services Unit's process for determining LOC
- Identify the revised LOC Certification for HCBS Waiver Program form
- Understand the DHS Medicaid benefit extension period for members no longer meeting NF/ICF LOC
- Understand the IME Medical Services Unit resource coordination process for members no longer meeting NF/ICF LOC

# What is an HCBS Waiver?

- An option available to states to allow the provision of long-term care services in home and community based settings under the Medicaid program
- An alternative to institutional/facility placement based on the member's choice and the member meeting eligibility requirements

# What is an HCBS Waiver?

## Continued...

- In Iowa, waiver programs include a combination of standard medical services and non-medical services
- Provides services beyond the scope of the Medicaid state plan and not available to all Medicaid recipients

## What an HCBS Waiver Is NOT?

- Available to all Medicaid members
- A lower level of care or service than facility LOC
- A “step” to be taken as a way to gain Medicaid eligibility prior to admission to a facility
- Depending on the member’s condition, may not be a permanent need

## What does this mean for members?

- A person eligible for institutional care can choose to receive long-term care services and supports in an institution or in their own home or community
- A person should be able to receive the same services in their home or community that they can receive in an institution

## What does this mean for members?

### Continued.....

- HCBS services are not intended to prevent an institutional placement but are rather in lieu of institutional placement
- **A person eligible for an HCBS waiver program must meet the same LOC requirements as a person eligible for institutional LOC**

# What is NF/ICF Level of Care?

NF=Nursing Facility

ICF=Intermediate Care Facility

- NF level of care is equivalent to ICF level of care and vice versa, used interchangeably
- The lowest level of care available in Iowa
- Required to be met in order to be admitted to a nursing facility

## What is NF/ICF Level of Care? Continued...

- Required to be met to be eligible for the AIDS/HIV, Brain Injury, Elderly, Health & Disability or Physical Disability waiver programs
- Based on each individual's personal care needs, skills and abilities
- Based on the amount of assistance a person needs with Activities of Daily Living (ADLs)
- Must be re-determined annually based on current care needs

# What are Activities of Daily Living (ADLs)?

ADLs are basic self-care tasks completed on a **DAILY** basis:

- Eating/feeding- excluding meal preparation
- Toileting
- Dressing
- Personal hygiene such as tooth brushing, combing hair, washing hands and face

# What are Instrumental Activities of Daily Living (IADLs)?

IADLs are slightly more complex skills; however are NOT skills necessary for daily living:

- Managing finances
- Handling transportation, either driving or arranging for public transit
- Shopping

# What are Instrumental Activities of Daily Living (IADLs)?

## Continued...

- Preparing meals
- Using the phone or other communication devices
- Managing medications
- Housework and basic home maintenance

## When does a member meet NF/ICF LOC?

NF/ICF LOC can be approved when one or more of the following conditions are met:

1. The person requires daily supervision or prompting with dressing or personal hygiene, in conjunction with a short/long term memory problem and/or moderately/severely impaired cognitive skills for daily decision making.

# When does a member meet NF/ICF LOC?

## Continued...

2. The person requires daily limited or extensive assistance or total dependence to perform dressing and personal hygiene.

This is why we ask the question “is the person able to complete their ADLs independently”?

# What is SNF Level of Care?

SNF=Skilled Nursing Facility

- A higher LOC than NF/ICF
- Services requiring skilled medical personnel
- Available through the AIDS/HIV, Brain Injury, Elderly, Health & Disability or Physical Disability waiver programs
- Does not take into consideration ADLs or IADLs

# What is SNF Level of Care?

## Continued...

SNF LOC can be approved when one or more of the following are met:

1. Skilled nursing services needed and provided by specific medical personnel seven days a week-DAILY
2. Skilled rehabilitation services needed and provided by skilled professionals at least five days a week-DAILY (Occupational, Physical and Speech therapies)
  - ✓ Physical Therapy is the only stand alone therapy, other therapies must be needed and provided in conjunction with other therapies

# Level of Care Review Process

## ➤ Nurse Reviewer-

- Reviews LOC certification form
- Compares the information on the LOC certification form to the LOC criteria
- Approves the appropriate LOC if care needs fall within identified criteria

# Level of Care Review Process

## Nurse Reviewer continued...

- Facilitates obtaining additional information from the physician, case manager, and other providers
- When a nurse reviewer is unable to approve NF/ICF or SNF LOC the person's information is sent to a peer reviewer for a determination.
  - ✓ If a nurse reviewer is not able to approve NF/ICF or SNF LOC; the level of care is not necessarily deniable

**A nurse reviewer cannot deny LOC**

# Level of Care Review Process

## ➤ Peer Reviewer-

- Also known as physician reviewer
- Allows medical judgment to be used for cases falling outside of defined criteria that a nurse considers
- Are consulted to make decisions above and beyond the criteria
- A peer reviewer uses his medical knowledge, expertise, and experience to determine if the person's care needs rise to the level of requiring institutional/facility placement, therefore meeting the identified LOC

## Level of Care Review Process continued...

A peer reviewer has several options when a referral is made:

1. Approve the requested level of care
2. Deny requested level of care, determining the person's condition requires a lower level of care
3. Deny requested level of care, determining the person's condition requires a higher level of care

# Case Study (Elderly) #1

Information on LOC Certification form:

- 90 y/o male
- Annual review (CSR)
- No cognitive deficits
- Uses a cane, walker and wheelchair

# Case Study

#1

Continued...

- Requires physical assistance for grooming and dressing every day
- No therapy, behavior, elimination, respiratory, eating or skin care needs
- Requires medication set-up

Decision: Nurse reviewer approved for NF/ICF LOC

## Case Study (Elderly) #2

Information on LOC Certification form:

- 86 y/o male
- Lives alone
- Current services: homemaking, PERS, delivered meals, case management
- Annual review (CSR)

# Case Study

## #2

### Continued...

- Cognitive, ambulation, dressing, therapy, behavior section not completed
- Independent with bathing/grooming
- No elimination, respiratory, tube feedings, eating or skin care needs
- Member chooses to receive bath assistance 1-2 times per week due to leg cramps and feeling unsafe

# Case Study

## #2

### Continued...

- Prepares light meals, cooking all meals causes exhaustion
- Provider reports member is very active and is fairly healthy, vision is worsening, can do his own personal cares

Nurse reviewer unable to approve LOC, referred to peer reviewer.

Peer reviewer decision: Deny, the member requires no daily, hands on assistance with personal cares or nursing cares. His care is not consistent with that of an individual requiring NF placement.

# Case Study (Elderly) #3

Information on LOC Certification form:

- 88 y/o female
- Admission
- Assisted Living
- Short/long term memory problem

# Case Study #3 Continued...

- Uses a walker and wheelchair
- Requires physical assistance for bathing, grooming and one time per week
- Independent with dressing and eating
- No behavior issues

# Case Study #3 Continued...

- Bladder incontinence
- Oxygen daily and PRN
- Needs meds administered by others
- Skin intact

# Case Study

## #3

### Continued...

Additional information received:

- Worsening dementia, needs help with meds, dressing, showers, meal prep
- Multiple hospitalizations and nursing home stays, if not in assisted living would need nursing home care
- Cannot return home safely

# Case Study #3 Continued...

Nurse reviewer unable to approve LOC, referred to peer reviewer.

Peer Reviewer Decision: Approve, the person suffers from dementia and needs her meds administered, problems with ambulation and needs some help with personal cares. Her overall condition/care needs support the need for waiver services.

# Case Study (HD)

## #4

Information on LOC Certification form:

- 6 y/o male
- Lives with family
- Admission
- Cognitive: Problems with decision making and interferes with ability to do ADLs

# Case Study

#4

Continued...

- Dressing: Physical assistance needed >4 x weekly
- Age appropriate with ambulation
- Behaviors include: noncompliance, destructive or disruptive, repetitive movements, antisocial, aggressive or self injurious, anxiety, and requires 24 hour supervision
- Bladder incontinence

# Case Study

## #4

### Continued...

- No respiratory issues and skin intact
- Independent with eating
- Receives speech therapy
- Comments: Observed very defiant and combative behavior in office today.

# Case Study

#4

Continued...

Nurse reviewer approved NF LOC because person needed assistance with dressing greater than four times a week and was not marked as age appropriate.

# Case Study (PD) #5

Information on LOC Certification form:

- 56 y/o female
- Lives alone
- Admission
- Cognitive: Short term memory problem, problems with decision making and interferes with ability to do ADLs

# Case Study #5 Continued...

- Ambulates with a cane
- Independent with dressing, bathing/grooming, eating and medications
- Bladder incontinence
- Behaviors include antisocial, anxiety and depression
- Skin is intact

# Case Study

#5

Continued...

- Attending physician noted member is requesting assistance with residence cleaning

Nurse reviewer unable to approve LOC, referred to peer reviewer.

Peer Reviewer Decision: Deny, the person is independent with meds, ambulation and all ADLs. The person requires no daily assistance with any personal cares or nursing cares. Her care needs are not considered with that of an individual who requires nursing facility placement.

## What information is required to be submitted for a waiver LOC review determination?

- Completed Level of Care Certification form signed and dated by the person's physician-all sections filled in
- For SNF LOC documentation indicating the member has:
  - A physician order for all skilled services
  - Services that require the skills of medical personnel including registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech pathologists, or audiologists.

# What information is required to be submitted for a waiver LOC review determination?

SNF documentation requirements continued:

- An individualized care plan that addresses all identified deficit areas
- Confirmation that skilled services are provided to the member

# What information is required to be submitted for a waiver LOC review determination?

## SNF documentation requirements continued

- Skilled services provided by, or under the supervision of medical personnel as described previously
- Skilled nursing services needed and provided seven days a week or skilled rehabilitation services needed and provided at least five days a week.

## Other helpful information especially if the case requires peer review

- Cognitive, mood and behavior patterns
- Physical functioning, mobility
- Skin issues
- Pulmonary needs

Other helpful information especially if the case  
requires peer review

- Communication/hearing/vision patterns
- Safety issues

If this information is not available with the initial submission  
and LOC is not approvable, it will likely be requested

# What does this mean for Case Managers and Service Workers?

- Providing the most thorough and complete information will allow a decision to be made quickly
- Conflicting information can delay the LOC process, please resolve prior to submission; nurse reviewers may contact the person's physician
- Understanding the LOC requirements and being able to share it with members will assist with guiding people to the correct service option, it may not always be the HCBS waiver

# What does this mean for Case Managers and Service Workers?

- The LOC process may require difficult conversations with members; however, they are necessary
- It is important to explain to individuals how critical it is to be honest with their physician about their care needs
- Explain to the person they need to make sure the physician completing the LOC form is aware of all care needs; even those provided by family, friends, neighbors, etc...

# What does this mean for Case Managers and Service Workers?

- Understanding that members receiving services in a nursing facility/institution and members receiving services through the HCBS waiver program are the same population choosing to be supported in different environments
- LOC is an annual requirement because people's care needs change and may not continue to meet NF/ICF level of care or may need a higher (SNF) LOC

# Helpful Questions to Ask the Person

- What types of tasks do you need help with?
- How often do you need help doing these tasks?
- Who usually helps you do tasks you need help with?
  - Spouse?
  - Live in support?
  - Other family?
  - Service provider?

## Revised NF LOC Form 470-4392

- Elderly, Health and Disability, Physical Disability, AIDS/HIV, some Brain Injury
- Revised form effective immediately; IME will continue to process old form
- Expanded detail for ADLs
- Additional questions to prompt primary care provider regarding NF placement
- See Informational Letter No. 1506

## Appropriate Application of NF LOC Criteria

- Department assures CMS the same NF LOC criteria is applied to both nursing facility admission and waivers that utilize NF LOC criteria
- Late 2014, IME realized that the NF LOC criteria was applied more leniently for waivers than for NF admission
- Result: some waiver members who have met waiver LOC previously no longer meet LOC criteria

# Benefit Extension for Members Denied CSR

- Members will receive an additional 30 days (total 40 days) of benefits;
  - Includes both Medicaid and waiver benefits
  - Includes case manager and service worker continued assistance
- Applies only to members who were previously approved for NF LOC who would not have met LOC if the criteria had been appropriately applied

## Benefit Extension for Members Denied CSR Continued...

- Benefit extension implementation date is June 8, 2015
- All held denials will also be released on this date
- Transition planning will begin immediately for these members

# Transition Planning

- Case managers, service workers, and Medical Services staff will be collaborating in transition planning for each member denied CSR
- Transition planning is for those members who were granted LOC through too lenient application of the LOC criteria; does not affect members denied CSR who have had a change in condition or needs

# Transition Planning Continued...

- CM/SW will continue to assist denied members through formal transition planning:
  - Written plan must be created and provided to Medical Services
  - Utilization of resources available through community, family, other supports
  - Gather and submit additional information that could alter CSR decisions
  - If applicable to the client's age, all plans must include a referral to a AAA for ongoing case management if the denial remains in place
  - Plan must include how member's needs will be met without waiver/Medicaid

# Medical Services Collaboration with Transition Planning

- Within 3 business days after the denial, Medical Services staff will contact CM/SW
- Medical Services will continue to contact each CM/SW every 2 weeks through the end of the member's extension period
- A resources list will be forwarded to each CM/SW for each member needing transition planning

# Medical Services Collaboration with Transition Planning Continued...

- CM/SW supervisors will be contacted if it appears the CM/SW is not participating with transition planning
- Policy staff will be involved in the monitoring of transition planning

# Questions

